

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11968484</b>                 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>09/25/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BUENA VISTA HEALTH CARE CORP</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>4230 NW 196 STREET<br/>MIAMI GARDENS, FL 33055</b> |                                                                                                                          |                                                        |
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| A 000                                                                   | Initial Comments<br><br>A generator monitoring survey was conducted at Buena Vista Health Care Corp. on . A deficiency was identified at the time of the survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | A 000                                                                                          |                                                                                                                          |                                                        |
| A 093<br>SS=D                                                           | 59A-36.012(2) FAC Food Service - Dietary Standards<br><br>(2) DIETARY STANDARDS.<br>(a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: <a href="http://www.frules.org/Gateway/reference.asp?No=Ref-04003">http://www.frules.org/Gateway/reference.asp?No=Ref-04003</a> , and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: <a href="https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx">https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx</a> . Therapeutic diets must meet these nutritional standards to the extent possible.<br>(b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes.<br>(c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician | A 093                                                                                          |                                                                                                                          |                                                        |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Agency for Health Care Administration

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| A 093                                                                   | <p>Continued From page 1</p> <p>supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet.</p> <p>1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences.</p> <p>2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents.</p> <p>(d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months.</p> <p>(e) Therapeutic diets must be prepared and served as ordered by the health care provider.</p> <p>1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility.</p> <p>2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider</p> | A 093                                                                                          |                                                                                                                          |                          |

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| A 093                                                                   | <p>Continued From page 2</p> <p>of such refusal.</p> <p>(f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals.</p> <p>(g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on hand.</p> <p>(h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on hand at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority.</p> <p>This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain a 3-day supply of nonperishable emergency foods meals consisting of the major five food groups for its census of three residents. The available nonperishable emergency food supplies were insufficient and expired.</p> | A 093                                                                                          |                                                                                                                          |  |                                                        |

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| A 093                                                                   | <p>Continued From page 3</p> <p>Findings include:</p> <p>On at 11:53 AM, observation of the facility's emergency food showed the following:</p> <ul style="list-style-type: none"> <li>- Eight cans of Campbell simply chicken noodle soup with two servings per can (expired on )</li> <li>- 36 cans of Libby's Vienna sausage with one serving per can</li> <li>- 14 cans of Spam with six servings per can</li> <li>- 24 cans of whole kernel corn with three and a half servings per can</li> <li>- 16 cans of Albacore white tuna with one serving per can</li> <li>- One package of Quaker Old Fashioned Oats with 113 servings per container</li> <li>- 48 cans of evaporated milk with six servings per can (expired on )</li> <li>- One container of organic apple sauce with 36 servings per package</li> </ul> <p>According to the American Association (AHA), the suggested number of servings for each food group is:</p> <ul style="list-style-type: none"> <li>- Five servings per day of vegetables (fresh, frozen, canned, and dried).</li> <li>- Four servings per day of fruits (fresh, frozen, canned, and dried)</li> <li>- Six servings per day of grains (at least ½ should be whole grain/high in dietary )</li> <li>- Three servings per day of dairy (low-fat and fat-free)</li> <li>- Between eight to nine servings per week of poultry, meat, and eggs</li> <li>- Between two to three servings per week of fish and other seafood (preferably oily fish that provide omega-three fatty acids)</li> <li>- Five servings per week of nuts, seeds, beans, and legumes</li> <li>- Three servings per day of fats and oils</li> </ul> | A 093                                                                          |                                                                                                                          |                          |                                                        |

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| A 093                                                                   | Continued From page 4<br><br>(preferably unsaturated).<br><br>During an interview on _____ at 12:23 AM,<br>the Owner stated that he would purchase more<br>emergency food. | A 093                                                                          |                                                                                                                          |                          |                                                        |